



CERTIFICATION OF EXPERIENCE REQUIREMENT FOR THE PRIVATE DETECTIVE LICENSE

State Form 45655 (R3 / 5-01)

Private Detective Licensing Board
Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, IN 46204
Telephone: (317) 232-2980

TO BE COMPLETED BY APPLICANT

Name of applicant	
Name of employer	
Address of employer (number and street, city, state, ZIP code)	
Telephone number of employer	
Position of applicant:	Dates of employment: From To
Applicant's duties:	

TO BE COMPLETED BY APPLICANT'S FORMER OR PRESENT EMPLOYER

Name of employer	
Address of employer (number and street, city, state, ZIP code)	
Authorizing agency license number (if applicable):	Name and title of person completing this form:
According to our records, _____ <input type="checkbox"/> is <input type="checkbox"/> was employed as a <input type="checkbox"/> Detective name of applicant <input type="checkbox"/> Other _____ from: _____ to _____.	
Applicant <input type="checkbox"/> is <input type="checkbox"/> was registered under our agency, registration number: _____	
Describe below the approximate amount of time (in hours) the applicant was involved in each of the applicant's duties:	
The agency issues <input type="checkbox"/> W-2's <input type="checkbox"/> 1099's to employees.	

NOTARY CERTIFICATE

I swear to or affirm the truth of the foregoing.		
STATE OF _____		} SS:
COUNTY OF _____		
I, _____, understand that the above named applicant may be considered for licensure as a private detective by the Private Detective Licensing Board. Under the penalties for perjury, I state under oath to the Private Detective Licensing Board that the information reported above is true and correct.		
Before me a notary in and for _____ county, of _____ personally appeared _____, who swore to the foregoing this day of _____, _____ name of agency representative		
Signature of agency representative	Signature of Notary Public	
Printed or typed name of agency representative	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires